TANZANIA HUMAN RESOURCE CAPACITY PROJECT

Associate Cooperative Agreement No.621-A-00-09-00002-00

QUARTERLY PROGRESS REPORT

January – March, 2012

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I. PROGRAM HIGHLIGHTS: January—March 2011

The project continued with implementation of program activities as planned. The section below provides key highlights of this quarter from the HRH district strengthening, HRIS and MVC project management components.

Central and District HRH Strengthening and Development

- The MOHSW drafted a second version of the national staffing guidelines. THRP will support another review by an external consultant to ensure the quality of the content as MOHSW finalizes the document through further internal consultations.

- BMAF is supporting MOHSW in developing an HRH advocacy strategy. The gap analysis and TOR for strategy development was completed. The activity will start in earnest next quarter.

- In Iringa, BMAF zonal office staff met with planning officials of five districts to advocate for inclusion of key HRM priority areas (such as localized retention packages, payroll management, reducing vacancy rates, staff development, and performance management) in each district's CCHP.

- Following a job fair in Sengerema last quarter ten out of 39 students who applied for jobs in LGAs were posted by MOHSW. BMAF is closely following the applicants initiated through job fairs to ensure all students who showed interest to work in LGA apply and are posted.

- In collaboration the Medical Women's Association of Tanzania (MEWATA), BMAF held events in Mwanza region to encourage secondary school students to join the health profession upon completion of their studies. 450 students from nine secondary schools participated. BMAF will collaborate with MOHSW in organizing similar campaigns to attract students to the health profession. Through its Global Fund project, BMAF will sponsor a number of the qualified students who are not able to pay their tuition fees to join health institutions.

- BMAF led the first round of coaching visits to the 34 districts in the Mwanza, Musoma, Shinyanga, Kagera and Ruvuma. During this round, the teams included representatives from POPSM and the MOHSW.

- BMAF and IntraHealth completed the protocol for a work climate initiative baseline assessment. They will conduct the field work next quarter in five districts in Iringa and Mtwara.

- Aga Khan Health Systems has secured funding from CIDA to improve maternal, newborn and child health in defined areas within five regions including Iringa. The program will build on lessons learned from the Iringa Continuing Education programme for nurses implemented under THRP and provide an opportunity for leveraging resources for CPE program.

Establishing a Functional Comprehensive Human Resource Information System (HRIS)—Public Sector (with PMO-RALG), MOH/Zanzibar and Private Sector

- THRP supported a delegation of seven public sector participants on a study tour to Namibia to identify best practices in rolling out a national HRIS, data quality control, system management and challenges encountered in HRIMS deployment.

- Under PMORALG leadership, THRP deployed the LGHRIS to 57 LGAs in the Lake and Northern Zones. The LGHRIs is now in 93 sites in 12 regions on the Tanzania Mainland. The system is currently tracking 80,370 (41%) out of 197,795 LGA personnel. UDSM provided on-the-job training for 256 LGA staff at the new LGHRIS sites.

- UDSM continues to customize the system to meet PMO-RALG needs. Drop down menus now capture religion consistently. And the cadre designations include designations such as veterinary officer, and Community Development Officer I and II. Many fields are now marked compulsory for data entry.

- UDSM trained nine additional students in the basics of supporting the LGHRIS. A strategy to foster sustainability for consistent LGHRIS support. The students will provide technical support to LGHRIS users as one requirement for their course. It is expected upon completion that some of the students will be hired by the government to provide technical ICT and LGHRIS support.

- CSSC is hosting the HRIS domain for APHFTA and BAKWATA. APHFTA has completed data entry for 14% (59) of its planned facilities while BAKWATA has finished data entry for 57% (4) of its planned facilities for Year 3. CSSC trained 17 staff on data quality and use. To date CSSC's system is able to track 75% of health workers working in FBOs.

Development of a Cadre of Para-Social Workers

- IntraHealth in collaboration with the Institute of Social Work, Family Health International, MOHSW Department of Social Welfare and USAID conducted an assessment of the social welfare workforce to document the existing situation and identify gaps in workforce composition. The report is under review and will be finalized next quarter.

- IntraHealth expanded the PSW program to Mtwara training 254 PSW and 44 supervisors from Mtwara Mikindani and Mtwara DC. The PSW will provide psychosocial support and refer MVC for various support services such as health, education or legal depending on their needs. They have six months of service under supervision before attending refresher training to become fully qualified PSW.

- IntraHealth conducted refresher training in Iringa region training 233 PSW and 47 PSW supervisors from Mufindi, Kilolo and Iringa DC. Upon completion of the PSW II training the trainees become fully fledged PSW.

- Ongoing project efforts to advocate for MVC and PSW support continued; IntraHealth supported PASONET to identify regional leaders and develop plans for strengthening its

financial and program management in Iringa. District Advocacy Teams advocated for the LGAs to include MVC support in their budgets. 80% of the districts visited in Iringa last quarter have established community funds to support MVC. The project has initiated a co-funding strategy whereby the THRP will match funds that selected districts have committed to budget for PSW activities. An MOU is under review.

- IntraHealh and the ISW, through THRP, conducted follow up visits in Iringa region to assess progress of PSW in service delivery. Representatives from DSW and PMORALG participated in the visit as part of IntraHealth efforts to increase ownership of the program within the local government structure. Findings indicate a high retention rate (87%) of PSW in Iringa. District Advocacy Teams' have successfully linked PSW to MVC service providers funded by PAMOJA TUWALEE Program. All Councils have set budgets to support MVC in secondary education from own sources and the PSW are participating in ward planning meetings.

- IntraHealth staff are frequently consulted for their expertise in local human resource systems. Most recently they are actively engaged in the development of the NCPA II and on-going discussion for the development a Social Welfare Council.

Organizational Development and Capacity Building

- MSH reviewed the capacity building needs of BMAF and CSSC. At this stage of the THRP, BMAF has grown and efforts to establish numerous organizational systems have paid off. Financial management, HR and IT systems, among others, are in place though not all are functioning at full capacity. BMAF is shifting its focus to other capacity building providers such as Deloitte and Touche. During the quarter and increasingly into the future, MSH will focus its efforts on building CSSC's organizational capacity based on needs identified last quarter and from the MOST exercise in 2009.

- Early in the quarter, IntraHealth with the assistance of an in-house Communications Advisor led local partners in the development of an overall project communications strategy for the final project workplan year. IntraHealth also provided the TA to partners in the development of individual partner communications plans. The focus is to document program efforts, success stories and disseminate program results.

II. INTRODUCTION

The Tanzania Human Resource Capacity Project (THRP) is a four-year project funded by the U.S. Agency for International Development (USAID). The project supports government efforts to address the challenges that Tanzania faces in developing an adequate health and social welfare workforce composed of a complex system of public and private professional and paraprofessional cadres and those in the non-formal sector.

The project strategic objectives are:

- To assist the MOHSW and PMORALG in the implementation of the human resources for health (HRH) strategy and the human resource components of the Health Sector Strategic Plan (HSSP) III, as requested by the MOHSW.
- To strengthen the capacity of the national and local government authorities to predict, plan for, and recruit the health and social welfare workforce.
- To improve the deployment, utilization, management, and retention of the health and social welfare workforce; and
- To increase the productivity of the health and social welfare workforce.

THRP implementing partners

IntraHealth International (prime partner),

Benjamin Mkapa AIDS Foundation (BMAF)

Christian Social Services Commission (CSSC)

University of Dar es Salaam (UDSM)

Agakhan Foundation (AKF)

Management Sciences for Health (MSH)

Training Resources Group (TRG)

Inter-church Medical Association (IMA)

The project strategy focuses on:

- Supporting the MOHSW to implement the HRH strategic plan;
- Development of a comprehensive HRH strengthening program that will provide district managers with the needed tools and competencies to identify and tackle their own HRH problems;
- Establishing a comprehensive HRIS system to provide routine HR data of health workers for decision makers in the public and private sectors; and
- Building capacity of the social welfare workforce on provision of quality health care services to address the need of MVCs.

The following quarterly report is organized by project strategic objective as identified in the original application document with each of the project components presented accordingly; each component contributes to each strategic objective. THRP has four project components: 1) Support to national government; 2) District HRH strengthening and development; 3) Establishing a functional comprehensive HRIS; and 4) Development of a cadre of Para-social Workers to address the needs of MVCs. The challenges, opportunities and the way forward are discussed by objective in Section III below.

This report also includes an update on the capacity building activities with key local organizations and sections on monitoring and evaluation activities and program management.

III. QUARTERLY ACTIVITIES: BY STRATEGIC OBJECTIVE

Objective 1: Assist the MOHSW and PMORALG to orchestrate the implementation of the HRH strategy and the HR components of the HSSP III, as requested by the MOHSW or PMORALG (A)

A.1. Support to National Level Government in HRH

BMAF and IntraHealth continue to provide ongoing support to the MOHSW in support of implementing various components of the national HRH strategic plan including active participation in the HRH Working group and related subgroups. The project provided specific technical assistance to the MOHSW in the update of the national staffing guidelines, and the development of advocacy strategic plan to provide guide HRH advocacy activities.

National staffing guidelines. The MOHSW continues its revision of the national staffing guidelines. During the quarter the MOHSW finalized the next version based on comments from the first external review (Sept. 2011). A second external review will occur early in the next quarter.

Development of National Advocacy and Communication strategy in HR. BMAF is supporting the MOHSW to develop a national advocacy and communication strategy in HR as a tool for advocating for improved HRM in all levels of the health service. BMAF conducted a gap analysis and developed the Terms of Reference for a consultant. Developing the advocacy strategy will start next quarter.

A.2. Establishing a Functional Comprehensive Human Resource Information System

During this reporting period, activities focused on public and private sector coordination for further roll-out of the HRIS to the districts. PMO-RALG continues to provide the leadership and project support for implementation at LGA level; CSSC is leading the HRIS implementation to its affiliate facilities and those affiliated with APHFTA and BAKWATA. THRP supported a study delegation of seven members from PMORALG, MOHSW, IntraHealth and UDSM to Namibia to observe and share best practices in HRIS implementation.

Advocacy, coordination and collaboration with PMO-RALG. PMO-RALG led two joint planning sessions during this quarter to facilitate the next round of LGHRIS deployment smoothly. Participants in the planning included the UDSM-THRP team, IH and PMO-RALG. Among the issues discussed: formation of deployment teams, selection of team leaders, clear assignment of responsibilities among team members, transportation and logistics. IntraHealth facilitated a brief training on how to carry out the deployment exercise and a review of code of conduct and behaviour of the team members while on site. By the end of the quarter the same participants debriefed on the Lake Zone deployment to review successes and challenges met during the deployment exercise were discussed and ironed out to facilitate the next deployment exercise.

Namibia study tour. THRP supported a delegation of seven participants from PMO-RALG (4), MOHSW, IntraHealth and UDSM to Namibia to learn the process that the Ministry of Health and Social Services (MOHSS) in Namibia went through in implementing its national HRIMS, to identify best practices and understand the challenges encountered.

IntraHealth's Namibia office coordinated the team visits to the MOHSS, the Office of Prime Minister (OPM) Department of Public Management, Katutura State Hospital and to the MOHSS HR regional offices in Ojtiwarong region. The team had an opportunity to share their experiences in implementing the LGHRIS and learn how the Namibian system manages its data quality control, infrastructure challenges, and support for data utilization for decision making. Key lessons learned during the visit include:

- The national ICT policy in Namibia provides ICT service coordination across different ministries in Namibia. The ICT policy environment also supports a centralized approach; therefore it is possible to link up the 13 regions and MoHSS to the main server at the Office of the Prime Minister (OPM).

- A phased regional rollout allows quality assurance of the deployment process and coverage becomes more manageable.

- Attention to data quality must be rigorous. The HR data entered in the system is compared against personnel files and payroll data. The rigorous process of collecting, reviewing, and keying in data aims for a 100% match between data in the HRIS and data in physical files. Comparing HRIS files with the payroll system eliminates ghost workers. Namibia has achieved 90% of its goal.

- Accountability in updating staff data. An HR officer is assigned individual files in alphabetical order. For example, an HR officer is assigned files with surnames from A-D. This increases accountability and integrity of staff in keeping the data up to date in the system. To distinguish roles and responsibilities of HR professionals in the chain of command, user levels and permissions have been set—from the assistant HR officer to the chief HR officer in the MoHSS. Each level has accountability for data accuracy and completeness. The most junior HR officers' rights in the system enable them to enter data for their seniors to review and approve.

Namibia learned that it is essential to have a team of in-house IT support officers in each of the offices where the HRIS is used, to provide technical support during the deployment and afterwards. The LGHRIS in Tanzania can take advantage of relatively high speed internet from fire optic cable the government is extending to all district towns.

Following the visit, the THRP/PMORALG planning team is reviewing the HRIS implementation approach of HRIS implementation to focus on closer monitoring of the implementation and initiate vigorous data cleaning measures.

HRIS advocacy and coordination in private sector. CSSC continued organizing a quarterly coordination meeting with its private sector partners, BAKWATA and APHFTA, to share progress and challenges in HRIS implementation. The meetings have been instrumental in increasing collaboration among the partners through sharing progress in HRIS deployment. To date it is possible to track 75% of FBO heath workers through the HRIS system put in place by the project. More emphasize is now on data cleaning and advocating for use of data generated in HRIS to inform HR decision making. APHFTA started deployment of HRIS in its sites last quarter and has completed data entry for 59 of its planned facilities while BAKWATA has finished data entry for four of its planned facilities for Yr 3. CSSC continues to provide ongoing technical support to APHFTA and BAKWATA to ensure smooth implementation of HRIS.

Local Government Human Resource Information System (LGHRIS) customization. To capture emerging user requirements from users the UDSM – THRP team performed minor system customization. A standard list for capturing religion was created. Also missing designations such as Veterinary Officer and Community Development Officer I and II were created to facilitate data quality. Also to ensure that the minimum data necessary for key HR decisions are captured, UDSM

added compulsory fields such that during data entry specific information must be provided for designated fields. PMO-RALG requested that the system reports bear the local logo of the site using the system to make the documents more official and personalized to the site; hence the team entered the logos of each individual site on LGHRIS.

Establishment local support for LGHRIS. UDSM trained nine students on the basics of supporting LGHRIS. The training was based on Open Source Programming Tools covering installation of the development tools such as LAMP stack and Eclipse. Students also learned to write code using Eclipse editor and how to create a database in MySQL. The students will support system customization and provide technical support to LGHRIS users as part of their course requirements. It is expected upon completion of their course, some of the students will be hired by the government to provide technical ICT and LGHRIS support to the users.

A.3. Development of a Cadre of Para-social Workers (PSW)

Assessment of the Social Welfare Workforce. IntraHealth in collaboration with the Institute of Social Work, Family Health International, Department of Social Welfare and USAID conducted an assessment of the Social Welfare Workforce to establish the existing situation and identify gaps in composition of this workforce in Tanzania. IntraHealth worked very closely with the consultants to assure quality control through protocol development, data collection tools and training of data collectors. The field work was in Dar es Salaam, Kilimanjaro,Mtwara and Mwanza regions. Consultants are expected to share the draft report in April, 2012.

Para-social Worker Program Review. IntraHealth prepared the terms of reference, protocol and conducted consultative meetings with ISW, AIHA and JACSW for a review of the PSW program and stakeholder commitment. The program to develop a cadre of volunteer PSWs and strengthen LGA support for the cadre was not included in USAID's review of the THRP overall (December 2011). Following three years of implementation, IntraHealth determined the need for reflection, review of program results, and to ascertain changing MOHSW and PMO-RALG perspectives on the program.

Objective 2: Strengthen the capacity of the national and local government authorities to predict, plan for and recruit the health and social welfare workforce (B)

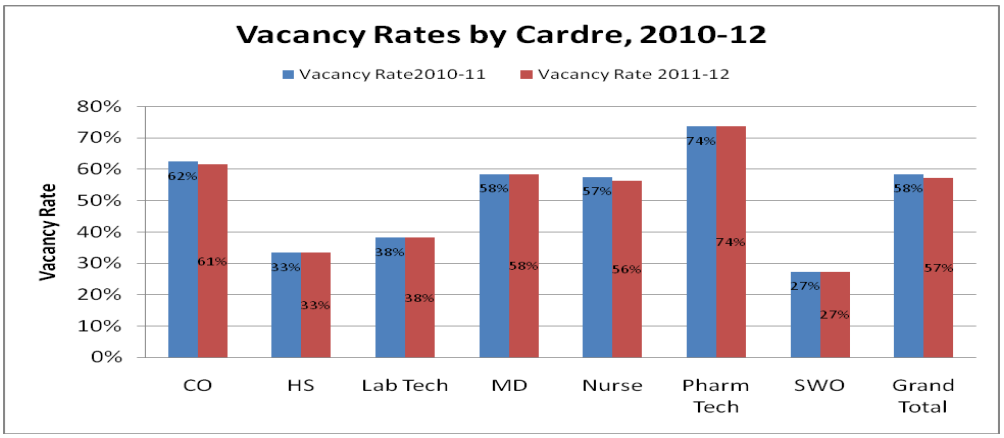
B.1. District HRH Strengthening and Development

Coaching and mentoring visits. BMAF supported coaching visit in 34 districts of Mwanza, Mara, Shinyanga, Kagera, and Ruvuma in January. The focus was to followup with the CHMTs in implementing HRM activities identified since the training in October 2010. Planned activities included efforts to improve staff planning, work environment, performance management and capacity building for staff. The following summarizes *preliminary results* from information compiled from the coaching reports of eight districts:

HRM action plans. Thirty eight (38%) of HRM activities developed during HRM training were completed. Bariadi and Rorya with 67% and 60% of their activities completed respectively performed better than other districts. All eight districts received funds late, in the

second quarter (between October and December) of the fiscal year, causing delays in implementation of planned actions. All districts had to postpone some activities as funds received were less than budgeted by an average of 30-50%. The coaching teams helped the districts clean their 2012/13 HRM action plans and advocated for their inclusion in the CCHPs.

Staffing levels. The coaching teams brainstormed with the district on strategies to improve staffing levels. The staffing levels for district hospitals and health facilities slightly improved, by 2%, compared to baseline levels though there was no improvement among dispensaries. The finding suggests majority of staff posted in 2011-12 were located in district hospital and health centres. The districts are facing critical shortage of staff among the pharmacists (vacancy rate 74%), clinical officers (61%), nurses and medical officers.



Recruitment. The number of workpermits for new staff for fiscal year 2011-12 in seven districts decreased by 55% (from 463 in FY 10/11 to 254 in FY11/12). The reporting rate for posted healthworkers is just over 60% in both fiscal years. The number of healthworkers posted by the MOHSW was exceedingly low in FY 11/2. Only 19% (48 out of 254) of approved posts were posted.

Table 1: Posted health workers in eight districts

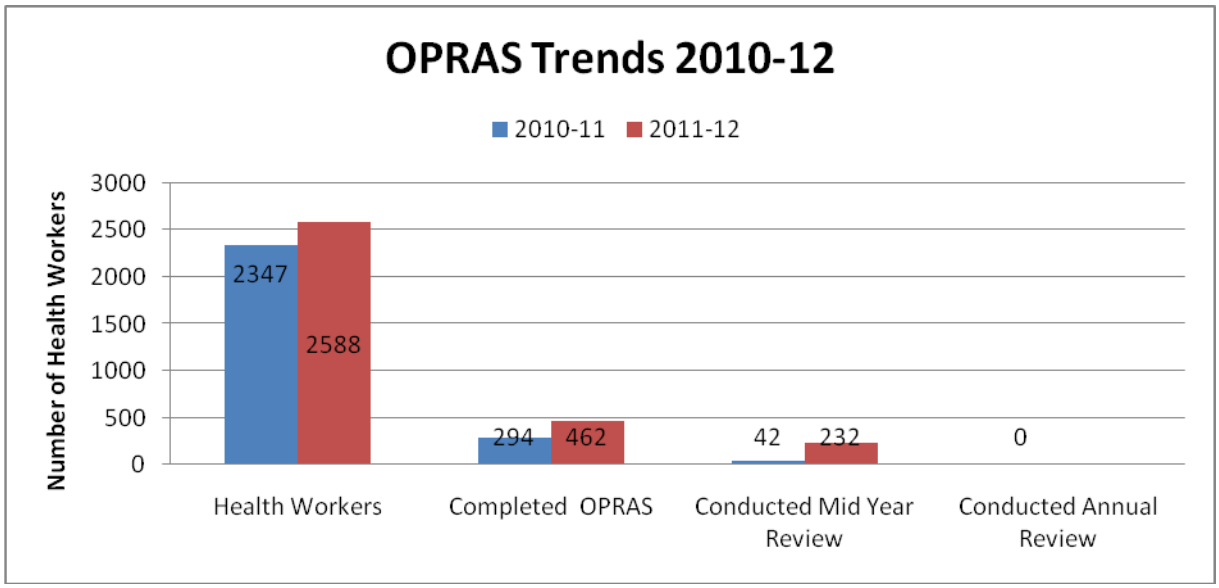
District	2010-11						2011-12			
	Approved post	Posted	Reported	Percent Reported	Retained	Percent Retained	Approved posts	Posted	Reported	Percent Reported
Bariadi	97	72	27	38%	27	100%	17	19	1	5%
Bunda DC	18	9	9	100%	9	100%	0	0	0	0%
Maswa	62	34	25	74%	18	72%	20	3	3	100%
Meatu DC	102	0	0	0%	0	0%	33	0	0	0%
Misungwi	48	28	28	100%	28	100%	48	26	26	100%
Rorya DC	17	15	12	80%	10	83%	58	0	0	0%
Serengeti DC	54	21	14	67%	13	93%	32	0	0	0%
Ukerewe	65	44	36	82%	31	86%	46	0	0	0%
Total	463	223	151	68%	136	90%	254	48	30	63%

The major reasons hampering recruitment process include:

- Majority of districts failed to pay subsistance allowance and salaries for new health workers in the period when they are included in payroll system. This was due to FY11 budgets cuts. The health workers who do report are request to return home with the prmis of being contacted when they have officially entered the payroll. Individuals go on to find other employment opportunities and decline the offer. The practice is very different for new staff working in the education sectors; their subsistance allowance is provided by the national level directly and they are entered in the payroll within the same month.
- Shortage of professional cadres such as MD, CO, Pharmacists and nurses is also another reason affecting posting of professional staff.
- Some posted staff do not report at all. Urban district attracts more staff compared to rural districts. For example, Maswa, Misungwi and Bunda District Councils had higher percent of reporting rate compared to Bariadi and Serengeti.
- The posting list from MOHSW does not include enough details to track the posted healthworkers and encourage them to report.
- The MOHSW posts unrequested staff i.e. medical attendants instead of professional requested staff. For example, Meatu recieved eight medical attendants who were not requested. Simillar claims were given in Maswa.

Orientation Package. It is widely documented that a new employee is more likely to stay having recieved an orientation. THRP has supported the MOHSW to develop an orientantion package the content of which is used during HRM training. Despite district commitment to use the package, all eight districts reported not using the packag; either they did not have copy of package or did not recieve new staff in FY 11. The coaching team oriented CHMTs on the package and provided them with a copy. The project plans to package the information in an easy retrivable way to facilitate use of the package when a new employee reports.

OPRAS. THRP is supporting the districts to implement the national Open Perfromance and Reproting Apprasial System. All CHMTS recieved on-the-job practical training on the prupsoe and functions of OPRAS. Overall finding indicatesa an improvement in initating the OPRAS process. 18% of health workers completed OPRAS in FY11 compared to 13 % in FY 10. Similary more staff (232) did a mid-year review in FY 11 compare to 42 in FY 10.



The districts are taking various measures to ensure the staff use OPRAS to improve staff performance. For example, in Kwimba District CHMT members oriented hospital staff on OPRAS during weekly staff learning sessions. To encourage staff to complete the initial forms, the district is not paying extra duty allowance nor approving leave to staff who have not completed OPRAS. These steps taken by CHMTS are starting to yield results.

Supportive Supervision. In the efforts to improve supportive supervision of health workers, BMAF disseminated a HRH supportive supervision tool in 2010/11 and incorporated the key concepts into the HRM training. CHMTs also have a district supportive supervision tool to assess all health services provided in health facilities. This latter tool which focuses on service delivery has a limited focus on HR and related management functions; THRP identified the need for development of a more comprehensive tool focused on HRM.

The findings from coaching visit, however reveal that not one of the eight districts were using the HRM supportive supervision tool. Supervision is conducted with the general supportive supervision tool; CHMT staff indicate the HRM tool is too long to administer. Using these finding the project will advocate with the MOHSW to integrate and strengthen HRM components in the overall supportive supervision package.

Advocacy for HRM budget in CCHP. BMAF zonal office staff participated in CCHP planning meeting in five Districts of Iringa region- Makete, Ludewa, Mufindi, and Iringa MC and Iringa DC. The BMAF team in collaboration with Wajibika mentors successfully advocated for inclusion of budget for key HRM priority areas (localized retention packages, payroll management, reducing vacancy rates, staff development and performance management) in the CCHP. The areas accommodated are as following:

Table 2: HRM Actions Budgeted

HR Management Practice	Observations from five districts in Iringa	CCHP Plans – FY 2012/2013
Operationalization of OPRAS	All CHMT members have completed baseline OPRAS forms.	• For 2012/2013 plans are to ensure that the facility in-charges are oriented on how to fill OPRAS forms, complete baseline and as well as doing mid-year review.
New staff orientation	Some orientation to new staff in order to improve retention of posted staff	• An orientation package will be shared. • A planned activity is to ensure all new staff receives a proper orientation as soon as they join the DC
Incentive package	Some districts have a localized incentive package but others like Makete are in the process of developing one.	• Makete is in the process of developing local package • Iringa DC has budgeted for hardship allowance and performance allowance (supported by CUAMM), tea • Mufindi has budgeted for subsistence allowance for 20 new employees

		• Ludewa has hardship allowance and performance allowance (supported by CUAMM) • Iringa MC- provides transport to staff who have gone for professional development
Work climate initiatives		• Mufindi budgeted laptops for all CHMT and co-opted members. • Makete DC has planned for renovation and furnishing of two offices • Iringa MC- budgeted for generator (for backup) when power is off. Budgeted for furniture, laptop and desktop and renovation a store for medical equipment • Ludewa- Planned for construction of car park, renovation of entrance gate
Supportive Supervision		• All DCs have budgeted for quarterly supportive supervision which includes HR

BMAF plans to participate at the regional planning review meeting to be conducted in Mtwara in April to continue advocating for the districts to set aside resources for implementing HRM activities in their CCHP.

B.2. Establishing a Functional Comprehensive Human Resource Information System

The major focus for HRIS implementation in public sector for this quarter was in deployment of HRIS in 57 new LGAs in Lake and Northern zone and supporting the 32 sites were HRIS was installed in previous quarter to complete data entry exercise and data quality assurance.

The private sector work mostly focused on deployment of HRIS in BAKWATA and APHFTA sites and support CSSC facilities in data cleaning and use.

The major challenges facing HRIS implementation in both the public and private sectors continues to be inadequate personnel dedicated to HR and ICT, infrastructure limitations, data accuracy and capacity to analyze and generate reports for decision making. Unreliable electricity in Tanzania is also hampering smooth implementation of HRIS. The project is working with PMORALG and CSSC in addressing these challenges.

HRIS implementation in the Public Sector

LGHRIS Scale up. PMO-RALG, with IntraHealth and UDSM assistance, successfully deployed LGHRIS in two zones; Lake Zone (January) and the Northern Zone (March). This intense period of deployment added 57 new LGHRIS sites to a total of 93 sites in Tanzania mainland. The deployment exercise went hand to hand with training district staff on the system and data entry. 256 LGA officials were trained on HRIS administration and use.

With a focus on sustaining system support beyond THRP project period, the team successfully used PMORALG local ICT staff for the deployment exercise. As indicated in Table 3, by the end of March approximately 80,370 (41%) records out of 197,795 district employees from 12 regions had been entered in the system. To improve the rate of data entry and gain commitment at each site, the team has pursued a number of strategies including having dedicated leadership sign a certificate of commitment to complete the task and identify a focal person among HR officers to oversee HRIS implementation at the site.

Table 3. LGHRIS status of personnel data entry

LGHRIS Deployment	Region	Estimated number of employees	# of data entered	% data entered
2009/10	Iringa	17,816	11,075	62%
2010	Lindi	7,583	7,388	97%
2010	Mtwara	10,200	8,081	79%
2011	Pwani	11,383	2,110	19%
2011	Dar es Salaam	22,973	8,777	38%
2012 (Jan)	Mara	14,335	6,126	43%
	Kagera	17,634	7,021	40%
	Shinyanga	20,559	9,488	46%
	Mwanza	30,279	10,233	34%
	Arusha	15,253	3,670	24%
	Manyara	10,271	2,340	23%
	Kilimanjaro	19,509	4,061	21%
Total		197,795	80,370	41%

LGHRIS technical support. UDSM continued to provide ongoing system support to HRIS sites. UDSM staff travelled to three sites in Iringa Region (Njombe TC, Njombe DC and Iringa RAS office) to replace malfunctioning appliances, updated the LGHRIS and facilitated data migration to the new appliances, and configured connection to the internet through Public IP addresses. Apart from the physical site support, online user support was carried out via the Dodoma Help desk. The Help Desk, established last year by UDSM, compiled information on the status of current data across al LGHRIS sites. UDSM programmers provided technical support as requested by users.

HRIS implementation in the Private Sector

HRIS implementation in CSSC sites. The HRIS implementation in private sector is showing remarkable process. Data for 75% of staff in FBO health facilities has been entered into the system as indicated in Table 2 below. This quarter, CSSC conducted supportive supervision visits in three facilities, St Francis Ifakara referral hospital, and in the Kibosho and Biharamulo designated district hospitals to review progress, quality of data and provide technical assistance. The team found all three hospitals have set aside budget to support the system and data entry exercise is almost complete in all three hospitals as part of sustainability strategy. St Francis hospital have completed date entry for 96% (300) of hospital staff, Kibosho Hospital completed 93% (205) and Biharamuro hospital 85% of staff have been entered in the system.

A review of 10% of the paper based personnel data against the data in the system indicated there are data quality problems. The causes of data quality issues were mainly due to incomplete birthdates, employment confirmation dates, and salary scale. The drop down lists of cadres is outdated (based on 2009 scheme of service) and thus not matching with staff designations listed on recent personnel forms.

CSSC staff provided on-the job TA in all three facilities on data quality validation and verification. CSSC will continue to monitor data quality regularly and support actions to ensure the data is of good quality as these sites prepare to generate reports.

Table 4: Status of Data Entry in CSSC facilities

	CSSC Zone	Total staff available	Number of staff entered in the system	Percent of staff entered
1	***Northern***	5565	4395	79%
2	***Lake***	5977	3928	66%
3	***Western***	2004	1894	95%
4	***Eastern***	2766	2604	94%
5	***Southern***	4942	3127	63%
	Total	21254	15948	75%

HRIS implementation in APHFTA and BAKWATA sites. Following successful HRIs deployment to BAKWATA and APHFTA home offices, CSSC distributed 26 sets of computer hardware for HRIS installation to 12 hospitals in at CSSC zones, four BAKWATA facilities and ten APHFTA sites and provided ongoing coordination for hosting of APHFTA and BAKWATA iHRIS sites on the UDSM server.

HR data have been entered into 15% of the targeted facilities to date. APHFTA distributed personnel data collection forms to 184 (44%) facilities under its umbrella 59 (14%) of which have entered data into the system. In APHFTA's Northern Zone, with 67% of the facilities with personnel entered in the system is performing well compared with other sites. BAKWATA completed data entry for four of the seven facilities targeted for HRIS implementation this year. Table 3 summarizes the status of date entry in APHFTA and BAKWATA Facilities.

Table 5. Status of data entry at APHFTA and BAKWATA sites

Sites	Total facilities	Facilities Forms Distributed	Facilities with completed forms	Facilities with data entered in the system	% completed
APHFTA CZ	239	60	9	9	4%
APHFTA LZ	52	52	35	35	67%
APHFTA NZ	89	51	6	6	7%
APHFTA SH	35	21	9	9	26%

Sub Total APHFTA	415	184	59	59	14%
BAKWATA	7	7	4	4	57%
Total	***837***	***375***	***122***	***122***	***15%***

Objective 3: Deployment, utilization, management, and retention of the health and social welfare workforce improved (C)

Improved staff orientation. The national orientation package has been finalized and formatted consistent with government of Tanzania and THRP requirements. The package provides step by step guidance on how to orient new staff and welcome them in the workplace. The MOHSW has yet to endorse the document due to administrative changes within the ministry leadership. Following MOHSW endorsement, BMAF will print and disseminate the reference document to 135 LGAs.

Recruitment of health workers. The project through BMAF is actively supporting the districts in filling staffing gaps. Following successfully job fair event which was held in Sengerema last quarter where students completed job application forms. BMAF submitted application forms for 39 graduates to MOHSW after confirming the applicant certificates. The MOHSW posted ten students and BMAF is closely following up to ensure the remaining students are posted by the end of this quarter. BMAF is in final stages of finalizing the database to be submitted to MOHSW so that they can be post the remaining students to their areas of preference upon passing their final qualifying examinations.

Advocacy at Secondary Schools. BMAF, in collaboration professional associations represented by the Medical Women's Association (MEWATA), conducted advocacy events in Mwanza region. The aim is to encourage graduating students to join the health professional upon completion of their secondary school studies. 450 students from nine secondary schools participated in the advocacy campaign. The following information was obtained through focus group discussions with the students:

- 63% of students opted to join health care profession after completing their studies however majority of students are not aware of Diploma courses offered by MOHSW. Of those who were aware of the diploma course, 56% receive the information from teachers while the rest had incomplete information from parents, media or relatives pursuing the course.
- 75% of the students said that lack of college fees was a major reason for qualified students failed to join health colleges.
- Students recommended regular advocacy campaign similar to the one BMAF and MEWATA is conducting to encourage entry into the health professions
- Students recommended equipping schools with libraries and laboratories so that the students can learn both theory and opportunities for practice. They also said that adequate equipment will encourage more students to take sciences courses.

BMAF will share the findings with MOHSW and collaborate with MOHSW in organizing similar campaigns to attract students to join health cadres. Through its Global Fund program BMAF will sponsor a number of the qualified students who are not able to pay their tuition fees to enter health training institutions.

Continuing Education Program (CEP) for nurses. Aga Khan Health Services (AKHS) has secured funding from Canadian CIDA to improve maternal, newborn and child health in defined areas within five regions where the AKHS primary medical centres are based, including one in Iringa. The new program includes a capacity strengthening component building on lessons learned from the Iringa Continuing Education Programme for nurses implemented under THRP. AKHS encouraged and expressed their support for working with the government and t while also leveraging resources to ensure nurses are providing quality service and develop the capacity of local facilitators and supervisors.

AKHS is currently reviewing how the course can be adapted effectively to accommodate the different nurse cadres as requested by the local health authorities and stakeholders. In the last cohort, AKHS conducted separate trainings as these each nursing cadre had different training needs and starting capacities. AKHS is exploring the use of technology as well as strengthening the curriculum. An assessment to inform program redesign to meet the needs of stakeholders will be conducted in April 2012. Based on this evaluation, AKHS will update the curriculum, train trainers and expand the program, in collaboration with Regional Health Management Team members, to include nurses from new districts.

Program to Upgrade Enrolled Nurses to Registered Nurses. To date, 15 enrolled nurses enrolled in the upgrade program successfully completed their coursem, passed their exams and registered as Registered Nurses. Two students from the original batch of students remain to re-sit their MOHSW upgrade examination. AKU expects to graduate them next quarter.

M*athematics teacher coaching the students*

By the end of the quarter, 31 students attended enrichment classes to help them pass basic foundational coursework essential for entry into nursing study programs. The program lost one student due to death during the quarter. The AKU Programme Coordinator and teacher coordinator visited Mtwara, interacted with students and teachers, and observed the teaching in action. Students appreciated the commitment of teachers and enjoyed their learning.

C.2. Development of a Cadre of Para-social Workers (PSW)

THRP activities on the quarter focused on program expansion in Mtwara, PSW refresher training in Iringa, building PASONET's organizational development, and conducting advocacy and monitoring visits in Iringa region to support PSW.

Expanding PSW program in Mtwara region. THRP initiated PSW training in Mtwara Region with training in Mikandani and Mtwara DC districts. 254 PSW (148 Mikindani and 58 Mtwara DC) and 44 PSW Supervisors (14 Mtwara Mikindani and 30 Mtwara DC) successfully completed the preservice training. The trained PSW will provide basic social welfare services including psychosocial support and refer MVC and their guardians for support such as health, education or legal depending on the needs of the MVC.

During the quarter, the MVC program initiated its PSW identification exercise in Newala district with orienting 28 PSW supervisors as to how to conduct the identification process. Participants recommended that PSW take on the role of activating MVCC in the villages where the committee is not functioning; they also recommended that the program review the PSW selection criteria; individuals with Form Four level leavers are more likely to drop out as they pursue further studies.

PSW follow up training initiated in Iringa: The THRP completed PSW follow-up training (PSW II) for the Iringa region in January. Participants are trained PSWs who have provided at least six months service to MVC in their community. Using ISW-trained trainers and facilitators, IntraHealth trained 233 PSW and 47 PSW supervisors from Mufindi, Kilolo and Iringa DC.

Support for Para-social Worker Network (PASONET). With an emphasis on the potential for sustainability, THRP continues to support PASONET's organizational development. As a network of PSW volunteers, PASONET provides a forum for sharing experiences and mobilizing recourses in support of PSW work and of MVC. The national PASONET was registered as civil service organization in 2010. The network headquarter is in Dodoma and is opening branches in all districts of Dodoma, Mwanza and Iringa. The project is currently supporting PASONET in leadership and organization development to enable the organization to stand on its own and mobilize resources for supporting MVC and PSW.

This quarter, THRP assisted PASONET with regional meetings in Iringa and Dodoma. The aim of these meetings was to select PASONET regional leaders and to plan on how to strengthen PASONET chapters in their regions. Each region selected their leaders and agreed on the following:

- each PASONET office should develop information systems such as filling systems, financial documentation and mobilizing members to pay for their contributions;
- PASONET with assistance from IntraHealth should develop financial regulation guidelines;
- each office should open a bank account and the PASONET leaders should ensure copies of all key documents are available in the district offices and
- Aall districts to work in collaboration with other stakeholders to ensure that permanent offices are secured.

IntraHealth will continue to work closely with PASONET in implementing the way forward and support PASONET to grow if not became fully independent.

PSW motivation initiative. The project is initiating a motivation strategy for supporting PSW in select program areas. Through an MOU with a select number LGAs, the THRP will provide bicycles to be given to PSWs to allow them to pursue their work to the hardest to reach households. The THRP assessed LGA willingness to implement such a matching scheme. Eight of 14 councils in Mwanza and Dodoma completed the assessment forms. THRP is in the process of screening the LGAs and expects to qualify LGAs and sign an MOU by the end of May 2012.

PSW Advocacy and M&E followup in Iringa region. In the previous quarters, IntraHealth supported the districts in development of District Advocacy Teams (DATs). The DATs are to advocate for LGAs to identify funds for supporting MVC and PSW and provide ongoing support to PSW in their district in addressing the challenges of providing basic social welfare services. Each DAT has six members and last quarter each team developed an advocacy implementation plan. IntraHealth staff in collaboration with ISW conducted advocacy and M&E follow up visits to all districts in Iringa region in February and March. The purpose was to assess the progress of the DAT team and PSW in implementing their action plans and provide onsite coaching. DSW and PMO-RALG representatives participated in the visit reflecting THRP efforts to increase government ownership of the program and building it into local government structure. DSW and PMO-RALG participation influenced a very positive reception of the team at district level.

Overall findings show the work of PSWs and the DAT teams are making notable difference in supporting districts efforts to support MVC.

- Njombe T.C has ensured that all new MVC projects implemented in the districts are not recruiting new volunteers instead they use PSW.
- PSWs in collaboration with MVCC have initiated community funds to support MVC in a majority (about 80%) of villages in all districts. However, the established community funding schemes are not active in most of the villages due to lack of MVCC capacity to mobilize funds and manage funds transparently.
- PAMOJA TUWALEE program partners in Njombe TC, Kilolo, Iringa DC and Mufindi are using PSW in implementing their program. In Njombe, PAMJOA TUWALEE is using 25 PSW among their volunteers and have supported them with bicycles.
- In Njombe TC, the follow up activities coincided with the district's annual planning at ward/village level. The team advocated for inclusion of PSW/MVC budget in the ward/village budget in all 12 wards visited
- All Councils have set budgets to support MVC in secondary education from own sources
- PSWs are recognized by village leaders and in some wards and villages; for example, they are invited to attend WDC and other meetings to report on MVC issues
- The PSW retention is very high in Iringa with only 83 dropouts (17%). Urban areas have a higher number of dropouts (40% Iringa MC) compared to rural areas (6% in Njombe DC). Higher retention is attributed to the incentives (bicycles and allowances) that PSWs receive from working with MVC implementing partners and stakeholders in Iringa districts.

The program challenges are similar to those observed in Dodoma and Mwanza from previous visits. Most NGOs are providing services in town areas and do not reach villages which are very far and where there is a greater need due to inadequate social welfare workforce at district and ward level to support MVC/PSWs activities, inadequate budget for supporting MVC as compared to the need, inadequate supervision support of District Officials to ward/village level, lack of transport facilities and incentives to PSW, and low level of community participation and support got MVC.

The project is addressing these challenges through various initiatives such as advocating for district to budget for MVC, encouraging other NGOs providing direct services to MVC to use PSW in their work and supporting PASONET activities and its voice in the region.

Objective 4: Increase Productivity of the health and social welfare workforce (D)

D.1. District HRH Strengthening and Support

Work Climate Initiative. Improving health worker performance is critical to providing high quality services to clients. IntraHealth and BMAF are jointly conducting an assessment in five districts in Iringa (3) and Mtwara (2) to collect baseline data to inform work climate improvement interventions. The assessment will provide a benchmark for measuring productivity and recommend indicators for measuring efforts to improve the work climate and the productivity of health workers at facility level. The assessment includes a gender analysis to determine how gender issues affect provider productivity. During the quarter, the BMAF/IntraHealth team identified a consultant and finalized the protocol with M&E technical assistance based in IntraHealth Chapel Hill offices. The teams will complete the field work, analyze the data and finalize the assessment report next quarter.

IV. ORGANIZATIONAL DEVELOPMENT AND CAPACITY BUILDING

During the quarter MSH reviewed the capacity building needs of BMAF and CSSC. Together they have adopted a blended approach whereby local organizations are using in-house skills in capacity building to reduce the high dependence and cost of external; consultants. At this stage of the THRP, BMAF has grown and efforts to establish numerous organizational systems have paid off. Financial management, HR and IT systems, among others, are in place though not all are functioning at full capacity. BMAF is shifting its focus to other capacity building providers such as Deloitte and Touche. During the quarter and increasingly into the future, MSH will focus to building CSSC's organizational capacity based on needs identified last quarter and from the MOST exercise in 2009.

Christian Social Services Commission (CSSC).

Operations Manual for Zonal Offices. Previously MSH supported CSSC to develop an Zonal Operations Manual for personnel, administrative and financial procedures. This quarter, MSH engaged a local consultant, Professor Kessy, to conduct one-day training on the manual with the CSSC team. The consultant had been involved in developing the operational manual for CSSC's five zonal offices. CSSC's recently appointed Executive Director, Mr Peter Maduki participated in the training reinforcing CSSC's senior management and zonal teams a common understanding of the operational manual and policies.

Improve filing system. MSH engaged Mr. John Masamalo to orient CSSC zonal staff on a manual filling system developed last quarter. The orientation took place during a zonal meeting in February in Morogoro attended by 25 CSSC representives. Mr. Masamalo demonstrated how the

new filing system works, clarifying the categorization and decisions made during its development. Participants recommended a few improvements that may be incorporated into the system which will be transferred to electronic format in the future. These include engage CSSC's ICT – Technical Department during development or purchasing of an electronic filing system and creating a registry section instead of using a resource centre for the references purposes. MSH will monitor use of the filing system and support its continued use.

Executive Dashboard. MSH also engaged Mr. Moses Mwasaga in the development of a high level organizational performance monitoring tool (i.e. Executive Dashboard) to assist CSSC leadership to monitor progress against its strategic plan. Upon completion of the activity in mid-April, CSSC leadership will be able to monitor all planned activities against the strategic plan.

Benjamin Mkapa HIV/AIDS Foundation (BMAF).
BMAF has requested less support from MSH as they have successfully built their capacity in house. For example, MSH advised BMAF to use its ICT staff member rather than an external consultant to meet the needs of BMAF staff on various application within its ICT.

MSH is supporting the documentation and best practices of the THRP district HRH strengthening approach as implemented by BMAF. A SOW has been developed and shared with BMAF and IntraHealth for guidance. Additionally, potential candidates have been shortlisted to identify a lead consultant. This activity is due to begin at the end of April or early May 2012.

VI. MONITORING AND EVALUATION

The monitoring activities in THRP this quarter such as social welfare workforce assessment, MVC follow up visits in Iringa, working climate improvement assessment, development of MVC database and program review are discussed under each program components.

A summary of project results against its quantitative targets can be found in Table 6 below. The project reached 51% and 39% of its pre service and in service targets respectively. The progress is on good track and no overseen challenges to meet the planned targets.

Table 6: Performance – PEPFAR Indicators and Results, October 2011 – March 2012

≠	Indicator	Program Area	Partner	PEPFAR Targets (Oct 11 - Sept 12)	Achievements (Oct -Dec 11)	Achievements (Jan -Mar 12)	Achievements (Apr -June 12)	Achievements (Jul –Sep 11)	% Achieved (Oct 11 –Sep12)
H2.1.D:	Number of new health care workers who graduated from a pre-service training institution, disaggregated by sex and cadre	HRH	AKF	3	1	0			33%
H2.2.D	Number of community health and Para-social workers who successfully completed a pre-service training program.	MVC	PSW	1000	173**	254			51%
			PSW Supervisors*		39	44			
H2.3.D	Number of health care workers who successfully completed an in-service training program within the reporting period	MVC	PSW	1030	206	233			43%
			PSW Supervisors*		35	47			
		HRH - CED	AKH	170	91	0			56%
		HRH	BMAF	57	14	0			25%
		HRIS	CSSC	182	13	17			16%
		HRIS	UDSM/IH	860	9	256			31%
PEPFAR COP 11 Targets for number of individuals participating in in-service training supported by THRP project				**2300**	368	**553**			39%

* PSW Supervisors also attended PSW training
** The PSW training was conducted in collaboration with PACT

VII. Program Management

Quarterly Partners Meeting. BMAF and IntraHealth facilitated the quarterly partners meeting on 19 January. The priority focus was on sustainability as the project has passed the half-way mark for implementation.

USAID Briefing. The THRP has experienced a shift in personnel responsible for program oversight by USAID. Early in the quarter the Country Director and Director of Finance and Administration briefed the new, albeit interim, AOTR and alternate AOTR on THRP program management, project finances, program components and achievements to date.

Collaborative Meetings. Members of the THRP consortia, particularly staff from IntraHealth, BMAF and CSSC are frequently called upon for general information, to provide guidance on overarching HRH issues, or discuss opportunities for collaboration. The following table indicates the meetings, conferences and workshops (beyond those of THRP program management) and advisory guidance which THRP members have been called upon by other implementing partners or interested organizations.

Table 7: Informational and advisory meetings in which THRP partner staff participated

Date	Designation/Visitor	Purpose
6 Jan	PSW training update ISW	Planning meeting to think through if the MVC/PSW partnership should develop and roll out a PSW III training (further inservice training for advance PSWs).
24 Jan	Jali Watoto MVC Initiative Evaluation and EOP dissemination PACT	To disseminate project evaluation findings particularly to identify gaps and highlight key lessons that can be incorporated into Pamoja Tuwalee projects.
25 Jan	Specialized PEPFAR TA Providers IMARISHA (coordinator)	To inform and harmonize activities across many TA partners and coordinate with the four MVC Implementing Partners (AfriCare, FHI, WEI and PACT)
8-9 Feb	Stakeholders Workshop for Gathering Inputs to Inform Development of NCPA 2012 – 2016	Participate in consultative meetings towards developing strategic framework for next NCPA
22 Feb	Combination Prevention Evaluation in Iringa: Dar-based partners meeting	Invited to present THRP with focus on activities in Iringa
23 Feb, 2 Mar	WHO	Review findings from the HRH research synthesis and work with GIZ consultant to prepare for presentation with the HRH Working Group
2 Mar	HSA dissemination and prioritization workshop Abt Associates	To share findings from Health Systems Assessment conducted along six components of WHO's framework for health systems strengthening (including HRH)

Project staffing and staff development.

- Mkama Mwijarubi, Program Officer—Communications, started with IntraHealth International the final week of February.
- BMAF's Monitoring and Evaluation Officer resigned. A key personnel position, BMAF will fill the position by next quarter.

Project Financial Status. During the quarter USAID worked with IntraHealth to finalize the financial background documents necessary for USAID to increase the project ceiling by $5,500,000 to $23,500,000, extend the project by six months to 24 October 2013 and obligate the remaining FY11 funding. IntraHealth received confirmation of the project TEC increase on 3 April. Of the new FY11 funds, $2,148,177, USAID requested that $500,000 be designated for a one-time payment to MUHAS for the tuition of first-, second- and third-year post-graduate medical students.

The information in the following table is accurate to 31 March and does not reflect the TEC increase.

Table 8: Financial Status of the Tanzania Human Resources Capacity Project

Total obligations through 31 March 2012:	**$18,000,000**
Expenditures through prior quarter (through December 2011)	**13,999,684**
Expenditures this quarter (January—March 2012)	1,781,676
Total Expenditures through 31March 2012 (expenditures started 1 May 2009)	**15,781,360**
Pipeline as of 1 April 2012	**2,218,640**

Technical assistance. A summary of international technical assistance during the quarter can be found in **Table 9** on the final page of this document.

VIII. PLANNED ACTIVITIES, April —June 2012

Support to National Level Government

BMAF/IntraHealth

- Provide an external review of the draft staffing guidelines; support MOHSW to address the recommendations from the second external review including harmonization of disparate efforts within the ministry;
- Finalize draft report of the multi-sectoral criteria for defining underserved areas and incentive packages; conduct stakeholders meeting to input on the drafted incentive package for the underserved, finalize and print the report

- Print and distribute national orientation package to all 134 councils and 21 RHMT's for easy reference at lower levels;
- Support MOHSW in the development of a National HR Advocacy and Communication strategy;
- Facilitate on policy round-table discussion with policy makers from MOHSW, MOFEA, POPSM, and PMORALG
- Develop policy briefs to influence policy change and policy support on identified major bottlenecks hampering HRM (Retention, Recruitment, OPRAS)

Establishing a Functional Comprehensive Human Resource Information System

HRIS (IntraHealth, UDSM and PMO-RALG)

- Deploy LGHRIS to the remaining LGAs and Regional Secretariats
- Data sharing with MOHSW, PMO-RALG and other stakeholders of PMO-RALG
- Aggregation of LGHRIS from deployed LGAs to PMO-RALG
- Build capacity in public and private sector on the use of data in decision making
- Continue to work on LGHRIS interoperability/data sharing with MOHSW and PO-PSM HRI systems
- Collaborate with M&E specialist to conduct follow-up visits to HRIS implementation sites (LGAs and CSSC, APHFTA and Bakwata) to evaluate system utilization, data quality and data use, and identify gaps in data and skills
- Conduct follow up visits to Zanzibar HRIS central and districts for review of data utilization

CSSC

- Conduct quarterly project committee meeting (with APHFTA and BAKWATA)
- Conduct HRIS training to CSSC 15 hospitals, 10 health facilities for APHFTA and three health facilities for BAKWATA
- Update HRIS to the new release
- Conduct HRIS training to six CSSC Hospitals, four health centers for APHFTA and three health centers for BAKWATA
- Design and train the use of dashboard to feed information from the system to decision makers
- Conduct preventive maintenance to support BAKWATA, CSSC and APHFTA HRIS
- Data collection and entry to CSSC, APHFTA and BAKWATA
- Conduct HRIS follow up for HRIS data utilization to CSSC, APHFTA and BAKWATA
- Conduct HRIS follow up to Ipamba Tosamaganga Hospital in Iringa.

District HRH Strengthening and Development

BMAF

- Finalize report on continuous coaching and mentoring conducted in 34 districts of Lake Zone and Ruvuma
- Conduct the visits to 54 districts on implementation of OPRAS – (annual appraisal)
- Support continuous coaching and mentoring of 54 trained CHMT to support the district in conducting human resource planning and development of justification for seeking approval of annual staff requirement at POPSM

- Conduct feedback workshops for 20 districts at the regional level on the achievements of implementation of HRM activities aiming at improving recruitment process, retention, working environment, OPRAS and orientation of new staff.
- Support eight regions in sharing of HRH best practices through three knowledge sharing workshops (HRH topics include: incentive package for the underserved, payroll challenges for the district councils, policy of recruiting retired health workers and ethics for the health workers;
- Produce and disseminate periodically HRH news through different media channels
- Finalize and print the in-depth analysis of the recruitment bottleneck study taking into consideration the effective and result oriented recruitment practices
- Print and distribute the national orientation package to all 134 LGA's and 21 RHMT's; translate into Swahili for easy reference at lower level
- Facilitate integration of tracking tool in the MOHSW HMIS to enable tracking of posted candidates at the district level
- Supporting the districts to conduct HRH supportive supervision in 54 districts using developed guide to improve HRM at district level
- Support five selected districts (HC & DISP level, Dist Hospital) with identified WCI initiative to improve productivity

AKN (AKHS and AKU)

- Continue with the remedial classes for student and monitor quality of training
- Conduct follow up visits to the facilities to assess changes in service delivery practices contributed by the training
- Finalize the training curriculum and conduct CPE trainings in Iringa

Developing a Cadre of Para-Social Workers (IntraHealth)

- Conduct MVC Program review with key stakeholders to document best practices and redesign the program implementation strategies to reflect the environment changes
- Conduct Field Visit to observe PSW program for DSW leaders and PMO-RALG counterparts
- Sign MOU with five select LGAs that to contribute to motivating PSW activities
- Strengthen PASONET organizational development; Facilitate search for PASONET guardian
- Facilitate DAT in Mwanza to conduct advocacy activities at ward and village level
- Synthesize and disseminate the findings of advocacy and M&E follow-up visit reports with MOHSW and DSW for actions and responses.
- Finalize and internally share MVC Program Guide

Monitoring and Evaluation

- Support data analysis and final report of consultant team conducting the SWW assessment
- Conduct monitoring visit to assess progress in HRIS implementation and utilization in LGAs in collaboration with UDSM and CSSC
- Review national data with CSSC team and strategize on routine measures to improve data quality
- Support the PMO-RALG to include reporting of PSW activities in their routine reports
- Finalize work climate and productivity baseline assessment in collaboration with BMAF
- Ongoing M&E technical support to partners including review assessment planning documents and reports
- Conduct a situation analysis and desk review on the existing situation of social welfare service delivery in Mtwara region

- Harmonize M&E tools and develop a case book for PSWs data collection and reporting.
- Finalize MVC program database; Facilitate UDSM to train M&E Officers and other persons who will be interring Data to the MVC Data base

Capacity Building

- Strategy review of HRH district strengthening approach
- MSH TA to finalize development of CSSC's dashboard management system
- MSH TA to support development of CSSC's communication strategy
- MSH Ta to support development of CSSC policy manual for monitoring gender and good governance.
- MSH TA to support orientation of CSSC's board members on a human resource development (HRD) strategy and roll out of a performance management system.

Table 9: International Technical Assistance, January—March 2012

Visitor IntraHealth Staff *(unless otherwise indicated)*	Dates of Travel	Source of funding	Abbreviated Purpose of Visit	Focal Partner Organization/s for Visitor Support
Michelle Matthewson	3—20 Feb	IntraHealth overhead	Review financial reporting backlog and processes with BMAF and CSSC (most of travel was grants management TA as start-up of IntraHealth's CDC-funded project)	BMAF, CSSC
Sarah Dwyer	27 Feb—2 Mar	THRP	Provide TA in development of project communications strategy and work with partners to plan specific activities	BMAF, UDSM, CSSC, AKF